

FOR
FCC
USE
ONLY

FCC 302-FM

APPLICATION FOR FM BROADCAST STATION LICENSE

(Please read instructions before completing this form.)

FOR MASS MEDIA BUREAU USE ONLY

FILE NO.

Section I - GENERAL

1. APPLICANT NAME

MAILING ADDRESS (Line 1) (Maximum 35 characters)

MAILING ADDRESS (Line 2) (Maximum 35

CITY

STATE OR COUNTRY (if foreign address)

ZIP CODE

TELEPHONE NUMBER (include area code)

CALL LETTERS

OTHER FCC IDENTIFIER (IF APPLICABLE)

FOR MAILING THIS APPLICATION, SEE INSTRUCTIONS FOR SECTION I

2. A. Is a fee submitted with this application?

☐

Yes

☐

No

B. If No, select the appropriate box to indicate reason for fee exemption (see 47 C.F.R. Section 1.1112) or reason a fee is not applicable and go to Question 3.

☐

Governmental Entity

☐

Noncommercial educational licensee

☐

Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B).

	(A)	(B)	(C)										
	FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY									
(1)	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td>0</td><td>0</td><td>0</td><td>1</td></tr></table>	0	0	0	1	<table><tr><td>\$</td></tr></table>	\$	<table><tr><td></td></tr></table>	
0	0	0	1										
\$													

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

	(A)	(B)	(C)										
				FOR FCC USE ONLY									
(2)	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td>0</td><td>0</td><td>0</td><td>1</td></tr></table>	0	0	0	1	<table><tr><td>\$</td></tr></table>	\$	<table><tr><td></td></tr></table>	
0	0	0	1										
\$													

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (3), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED WITH THIS APPLICATION
\$

FOR FCC USE ONLY

Section I - GENERAL INFORMATION (Page 2)

3. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.

☐ Yes ☐ No

If the answer is Yes, attach as an Exhibit a full disclosure concerning the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

4. For permittees of commercial FM stations only:

Has permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b). See Instructions.

☐ Yes ☐ No
☐ Does Not Apply

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See 47 U.S.C. Section 304.)

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

CERTIFICATIONS

5. By checking Yes, the applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).
6. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

☐ Yes ☐ No

Name of Applicant	Signature
Title	Date

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may be necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, processing of the application may be delayed or the application may be returned without action pursuant to the Commission's Rules. Your response is required to obtain the requested authority.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION

SECTION II - TECHNICAL DATA

1. This license application is for a: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Request for program test authority. | <input type="checkbox"/> Station on automatic program test |
| <input type="checkbox"/> Commercial station. | <input type="checkbox"/> Noncommercial station. |
| <input type="checkbox"/> Directional antenna. | <input type="checkbox"/> Non-directional antenna. |
| <input type="checkbox"/> License to cover construction permit for an auxiliary facility. | |
| <input type="checkbox"/> License to utilize former licensed main facility as an auxiliary facility. | |

SPECIAL OPERATING CONDITIONS MAY PROHIBIT AUTOMATIC PROGRAM TEST AUTHORITY.

2. Call Sign: _____ 3. Frequency or channel: _____ Class: _____

4. Community of

City	State
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5. Select ONE that applies and enter the file number(s) on the appropriate line(s). This application:

- (a) ☐ covers a construction permit. Original file _____
as modified by: _____
as extended by: _____
as replaced by: _____

(b) ☐ modifies a license, file number: _____

6. Is this application being filed pursuant to MM Docket No. 88-375 (Class A Upgrade)?
See Instructions.

☐ Yes ☐ No

If Yes, attach the supplemental Exhibit to this application.

Exhibit No.

IF YOU SELECTED 5(b), "MODIFIES A LICENSE," PROCEED TO ITEM 8.

7. Expiration date of construction permit:

Month	Day	Year
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THIS APPLICATION MUST BE ON FILE WITH THE COMMISSION BEFORE THE EXPIRATION DATE OF YOUR CONSTRUCTION PERMIT. SEE INSTRUCTIONS.

SECTION II - TECHNICAL DATA (Page 2)

8. Description of facilities authorized by the construction permit or license noted in item 5(a) or 5(b):

(a) Antenna	_____ ° _____ ' _____ " N. Lat.	_____ ° _____ ' _____ " W. Lon.
	Horizontal	Vertical
(b) Effective radiated power:	_____ kW	_____ kW
(c) Beam tilt effective radiated power (if applicable):	_____ kW	_____ kW
(d) Radiation center above ground:	_____ meters	_____ meters
(e) Radiation center above mean sea	_____ meters	_____ meters
(f) Antenna height above average terrain:	_____ meters	_____ meters
(g) Overall tower height above ground (including antenna, all other appurtenances, and lighting, if	_____ meters	

9. Description of facilities as constructed:

(a) Antenna	_____ ° _____ ' _____ " N. Lat.	_____ ° _____ ' _____ " W. Lon.
	Horizontal	Vertical
(b) Effective radiated power:	_____ kW	_____ kW
(c) Beam tilt effective radiated power (if applicable):	_____ kW	_____ kW
(d) Radiation center above ground:	_____ meters	_____ meters
(e) Radiation center above mean sea	_____ meters	_____ meters
(f) Antenna height above average terrain:	_____ meters	_____ meters
(g) Overall tower height above ground (including antenna, all other appurtenances, and lighting, if	_____ meters	

10. Are there any differences between the facilities described in Item 8 and those in Item 9?

☐

Yes

☐

No

IF YES, YOU MAY NOT BE ABLE TO USE THIS FORM. SEE INSTRUCTIONS.

Attach an Exhibit explaining in detail how these differences occurred.

Exhibit No.

11. SPECIAL OPERATING CONDITIONS. Attach an Exhibit that demonstrates compliance with the special operating conditions, terms, and obligations described in the construction permit.

Exhibit No.

☐

Does Not Apply

CONVERSION TO AND FROM METRIC:

METERS = 0.3048 X FEET

FEET = 3.281 X METERS

SECTION II - TECHNICAL DATA (Page 3)

12. Antenna description:

Make	Model Number	Number of Sections	Power Gain

If the antenna utilizes beam tilt, null fill, reduced spacing (less than one wavelength) between bays or the antenna is directional or specialized, an exhibit must be attached.

Exhibit No.

13. Transmission line system

(a) Transmission Line(s):

Make	Model Number	Length in Meters	Efficiency
		meters	%
		meters	%

IF MORE SPACE IS NEEDED, PLEASE ATTACH EXHIBIT.

Exhibit No.

(b) Additional losses (Filters, Isocouplers, Multiplexers, etc.) in transmission line system:

Description	Loss in dB	Efficiency
	dB	%
	dB	%

IF MORE SPACE IS NEEDED, PLEASE ATTACH EXHIBIT.

Exhibit No.

(c) Total Efficiency of transmission line _____ %

14. Transmitter power output (in kilowatts): _____ kW

SEE INSTRUCTIONS TO CALCULATE TPO.

15. Operating constants:

(a) D.C. plate current in last radio stage (amperes): _____ A

(b) Applied D.C. voltage in last radio stage (volts): _____ V

(c) Efficiency of transmitter at operating power (percent): _____ %

(d) RF transmission line meter reading (percent): _____ %

SEE INSTRUCTIONS TO CHECK OPERATING CONSTANTS.

16. Is the main studio located within the city of license or the predicted 3.16 mV/m (70 dBu) field strength contour of the main facility?

☐ Yes ☐ No

If NO, attach an Exhibit pursuant to the Instructions.

Exhibit No.

17. Location of Main Studio: (P.O. BOXES ARE UNACCEPTABLE)

Street Address or Location Description		
City	County	State

CONVERSION TO AND FROM METRIC:

METERS = 0.3048 X FEET

FEET = 3.281 X METERS

SECTION II - TECHNICAL DATA (Page 4)**18. Location(s) of Remote Control Point(s):****(a)**

Street Address or Location Description		
City	County	State

(b)

Street Address or Location Description		
City	County	State

If there are additional remote control points, attach an Exhibit which describes their

Exhibit No.

19. Location of Antenna Site:

Street Address or Location Description		
City	County	State

20. CERTIFICATION OF PREPARER

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (please print or type)	Signature (check appropriate box below)
Address (include ZIP Code)	Date
	Telephone No. (include Area Code)

☐ Technical Director☐ Registered Professional Engineer☐ Chief Operator☐ Technical Consultant☐ Other (specify)**FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PAPERWORK REDUCTION ACT**

Public reporting burden for this collection of information is estimated to average 4 hours per response. This estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, AMD-IM, Paperwork Reduction Project (3060-0506), Washington, D. C. 20554.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1980,
P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

INSTRUCTIONS

FOR COMPLETION OF

FCC FORM 302-FM

APPLICATION FOR

FM BROADCAST STATION LICENSE